Kentucky Vaccine Program Satisfaction Survey 2012

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Method

The Kentucky Vaccine Program Satisfaction Survey is conducted annually to assess the Kentucky Vaccine Program (KVP) Providers' satisfaction levels with the Kentucky Immunization Program. The survey is divided into two sections, the first section pertains to the Vaccines for Children (VFC) Program and the second section pertains to Clinic Assessment Visits. In addition, respondents are provided with the opportunity to make additional comments they have regarding the KVP. The 2012 Kentucky Vaccine Program Satisfaction Survey was distributed by mail in March 2012 to six hundred and twenty-one (621) Kentucky Vaccine Program Providers. Three (3) surveys were returned as undeliverable. Three hundred and ninety-eight (398) providers responded, giving a sixty-four percent (64%) response rate. Survey results were anonymous.

Results

Data tables are located in Appendix 1 of this report. Twenty-five percent (25%) of respondents were local health departments, twenty-two percent (22%) were pediatric providers, eighteen percent (18%) were family practice providers, seventeen percent (17%) were federally qualified rural health centers, nine percent (9%) were other providers, and six percent (6%) were hospitals. Eighty-five percent (85%) of providers have been enrolled in the KVP program for three or more years. Seven percent (7%) have been participating for 1 to 2 years, and four percent (4%) for under a year.

Vaccines for Children Program

Overall, survey results indicate that providers are satisfied with the VFC Program. Over ninety percent (90%) of respondents strongly agreed or agreed with the following statements:

- KVP Staff provide prompt and helpful support, information and materials.
- Enrolling a child in the VFC program is easy.
- KVP supplied vaccine arrived in a timely manner.
- I feel comfortable that the cold-chain has been maintained when KVP supplied vaccine arrives at my office.
- I believe that participation in the VFC program has improved my immunization coverage levels.
- Overall, we are satisfied with the KVP program.

Seventy-five percent (75%) strongly agreed or agreed that the record keeping requirements for VFC are not burdensome. Sixty-four percent (64%) strongly agreed or agreed that they have referred fewer children to the local health department since enrolling in the VFC program. However, local health departments are also VFC providers and participate in the satisfaction survey. Thirty-three percent (33%) of respondents selected neither for this question, or indicated that they were a local health department.

Dissatisfaction with the VFC program related primarily to record keeping requirements. Twelve percent (12%) disagreed or strongly disagreed with the statement that "the record keeping requirements for VFC are not burdensome" and ten percent (10%) selected neither.

Clinic Assessment Visits

As a part of a Clinic Assessment visit (AFIX or VFC visit) each provider should receive a written or verbal response regarding the assessment findings with recommendations for how to improve immunization coverage and vaccine handling before the KVP representative's departure. Ninety percent (90%) of respondents received a verbal or written response of the findings of their assessment before the KVP representative's departure. Only one percent (1%) did not receive a verbal or written response before the KVP representative's departure. Eighty-six percent (86%) received recommendations on how they might improve immunization coverage and vaccine handling. Only five percent (5%) did not receive any recommendations. Seventy-One percent (71%) of respondents indicated that all of the recommendations had been implemented, while sixteen percent (16%) implemented some and three percent (3%) did not implement any of the recommendations.

Provider Comments

Comments made by providers have been included in Appendix 2 of this report.

2008 to 2012 Comparison

While the 2008 Satisfaction Survey indicated an overall satisfaction with the KVP, the 2012 Satisfaction Survey showed a notable change in program satisfaction as compared to the 2008 Kentucky Vaccine Program Satisfaction Survey.

Overall, the percentage of respondents who strongly agreed with the statements provided by the survey was higher than those respondents who strongly agreed with the same statements provided in 2008. The most significant change in satisfaction was seen by the twenty percent (20%) increase in the number of respondents who strongly agreed with the statement "KVP supplied vaccine arrives in a timely manner." In addition, the most significant increases in respondents who disagreed or strongly disagreed with a statement were seen in the two following statements: KVP Staff provide prompt and helpful support, information, and materials, with a 0.4 percent (0.4%) increase and overall we are satisfied with the KVP program, with a 0.6 percent (0.6%) increase. In addition, there was a five percent (5%) increase in respondents who received a verbal or written report of the findings of their assessment before the KVP representative's departure, a three percent (3%) increase in respondents who received recommendations on how to improve their immunization coverage and vaccine handling, and a five percent (5%) increase in the percentage of respondents who implemented all of the recommendations that were made during the KVP representative's visit.

Conclusion and Recommendations

The results of the 2012 Satisfaction Survey show an overall satisfaction with the KVP, and this satisfaction appears to have improved overall from the results of the 2008 Satisfaction Survey. In particular providers are more satisfied with the timeliness of the delivery of KVP supplied vaccines. The increase in satisfaction regarding the timeliness of the delivery of KVP supplied vaccine may be attributed to the improvements made by the KVP Vaccine distributor in procedures and staffing.

Provider comments indicate that providers have a high level of satisfaction with the KVP field staff. Provider comments indicate some dissatisfaction with record keeping requirements and receiving shipments after office hours and no shipments during holidays. A few providers have commented their disappointment with the change in VFC eligibility for underinsured children.

In addition, the 2012 Satisfaction Survey indicates that 17% of KVP providers are not implementing all of the recommendations made by KVP representative's during on-site visits. Additional steps may need to be taken to ensure that KVP providers are implementing methods provided to them to increase immunization coverage and practice proper vaccine handling techniques.

Appendix 1 2012 Kentucky Vaccine Program Satisfaction Survey Results*

Vaccines for Children Program Satisfaction

	Strongly	Agree	Neither	Disagree	Strongly
	Agree				Disagree
KVP Staff provide prompt and helpful	65.3%	31.4%	1% (4)	1% (4)	0.3% (1)
support, information and materials.	(260)	(125)			
2. Enrolling a child in the VFC program is	57%	36.2%	3.5%	0.5% (2)	0.5% (2)
easy.	(227)	(144)	(14)		
3. The record keeping requirements for VFC	31.7%	44.2%	10.1%	10.1% (40)	2.5% (10)
children are not burdensome.	(126)	(176)	(40)		
4. KVP supplied vaccine arrives in a timely	57.3%	37.9%	2.3% (9)	1.3% (5)	0.3% (1)
manner.	(228)	(151)			
5. I feel comfortable that the cold-chain has	69.1%	29.9%	0	0	0.3% (1)
been maintained when KVP supplied vaccine	(275)	(119)			
arrives at my office.					
6. I believe that participation in the VFC	65.3%	26.1%	5.8%	0.3% (1)	0.3% (1)
program has improved my immunization	(260)	(104)	(23)		
coverage levels.					
7. Since enrolling in the VFC program, our	46.7%	18.1%	17.3%	1% (4)	0.8% (3)
practice is referring fewer children to the local	(186)	(72)	(69)		
health department.					
8. Overall, we are satisfied with the KVP	59.5%	36.9%	1.5% (6)	0.5% (2)	0.3% (1)
program.	(237)	(147)			

Clinic Assessment Visits

	Yes	Not Sure	No	Did not receive an assessment
9. Did you or your staff receive a verbal or written report of the findings of your assessment before the KVP representative's departure?	90.2% (359)	3.8% (15)	1.3% (5)	2.3% (9)
10. Did you and your staff receive recommendations on how you might improve your immunization coverage and vaccine handling?	86.4% (344)	4.3% (17)	5% (20)	1.3% (5)
		All	Some	None
11. As a result of the recommendations made during the vis many of these recommendations have you implemented?	71.6% (285)	16.8% (67)	3% (12)	

^{*}Percentage may not total 100 due to rounding.

Comparison of 2008 and 2012 Kentucky Vaccine Program Satisfaction Survey Vaccines for Children Program Satisfaction Strongly Neither Disagree Strongly Agree Agree Disagree 0.3% 1. KVP Staff provide prompt and helpful 10.4% -10.6% -1.1% 0.1% support, information and materials. 2. Enrolling a child in the VFC program is 5.2% -2.3% -3.2% -1.2% 0.5% easy. 3. The record keeping requirements for VFC 8.2% -4.5% -3.7% -2.3% 0.8% children are not burdensome. 4. KVP supplied vaccine arrives in a timely 20.2% -6.3% -7.2% -7.3% -0.4% 5. I feel comfortable that the cold-chain has 8.1% -1.7% -0.5% 0.3% -6.9% been maintained when KVP supplied vaccine arrives at my office. 6. I believe that participation in the VFC 7.6% -4.3% -5.4% -0.4% 0.3% program has improved my immunization coverage levels. 7. Since enrolling in the VFC program, our 0.1% -1.4% -16.0% 0.5% 0.6% practice is referring fewer children to the local health department. 8. Overall, we are satisfied with the KVP -4.2% -1.1% 0.3% 0.3% 3.4% program. **Clinic Assessment Visits** Did not Yes Not No Sure receive an assessment 9. Did you or your staff receive a verbal or written report of 5.2% -2.4% -0.1% -2.2% the findings of your assessment before the KVP representative's departure? 10. Did you and your staff receive recommendations on 2.6% -1.2% 2.1% -1.8% how you might improve your immunization coverage and vaccine handling? Αll None Some 4.6% -0.8% -0.1% 11. As a result of the recommendations made during the visit, how

Note: These numbers reflect the change in satisfaction with the Kentucky Vaccine Program from 2008 to 2012. The data in each cell stands alone, and should not be totaled with other cells.

many of these recommendations have you implemented?

Appendix 2 Provider Comments

The following comments were provided by respondents, and have been placed in categories for ease of identification.

Ordering

KVP flu vaccine is slow to arrive each year

A lot of the time vaccines arrive right at 4:20pm or after. We close at 4:30pm

Order form difficult to understand

The biggest issue we have with ordering is trying to make sure the forms are correct when we're really busy, to get them in on time.

Shipments are affected by holiday schedule and we feel all children should have the ability to receive vaccines.

KVP Staff

I have just recently taken over our program and everyone I have dealt with has been very helpful.

Some staff can be very rude at times when speaking with them on the phone. Do not always receive vaccine that is ordered or reason why it was not sent. The people who do the clinic assessment visits give us a report and say everything is great but they have to make some suggestions because they are required to. Then we receive another report after she leaves in mail and it has things listed on it such as Guidelines not posted in med room with vaccine and it was/ is. Also states that we had no vaccine procedure manual - we have several manuals but she said no. The biggest issue to me is the tracking. They count against us in a way by example: 1.) If a kid did not get vaccines by age 2. Some pts did not start coming here until 22 months and is not our fault they are NUTD. Also, tracking a child may not be UTD on vaccines and we have documentation we have tried calling them and sent x3 postcards and if on passport we advise the outreach program. Also, some parents refuse vaccines or will only get 1-2 at a time and will sign a declination or defer and naturally they will not be UTD by age 2. These audits you process do not take this into consideration and it should. We work our butts off to get these kids in here and that should be counted for us and not against

Cindy Groves is always helpful and pleasant. She answers emails and questions promptly and goes the extra mile for us.

Auditors are very nice and helpful.

Our KVP rep, Doris Williams, is amazing, very knowledgeable, helpful, and always available to me!

New/ Substitute KVP rep was very knowledgeable, helpful and easy to work with.

We have found the staff to be very helpful when we call. I appreciate the audits performed yearly. I report the VFC audit findings to our QA/QI committee as well as our board members. It is helpful to have a performance review performed by an individual that is not an employee of our facility.

Cindy Groves is very great to work with. She is knowledgeable and always willing to help us be better with our program vaccination rates.

Great staff! Great Program! Everyone has been very knowledgeable, helpful and cooperative! Thanks!

Auditor is knowledgeable, thorough, helpful and wonderful to work with!

I feel that every time I have had a contact with anyone from KY VFC, it has been very professional learning experience.

Our field representative is excellent. She has been so helpful to me since I've been managing our clinic's KVP. She's very knowledgeable about the program and vaccine and has taught me and our staff a lot of things about the program and vaccines.

Cindy Groves is wonderful. We love being able to offer the KVP vaccines in our office.

Chris Smith, the field coordinator provides prompt and helpful support, but when I have to call Frankfort I usually get voicemail unless I email Laura. But that's with every program in Frankfort.

Sonya Moseley is amazing, very personable, supportive and always willing to help me out.

Doris Williams was an awesome representative. She was very clear and concise with instructions and recommendations; a very positive, enlightening visit.

We have always found the staff associated with KVP to be extremely helpful.

Sonya Moseley has been so helpful and knowledgeable with the application process and follow-up visits.

Doris Williams was very helpful when we started our vaccines for children program.

Clinic Site Visits

Regarding site visits - it would be nice to feel that we are a partnership working together for the common good of KY children. A site visit seems to feel like we are being looked @ to see where we are failing. We have had good ratings and our records are good, yet the time when reps are in the building are often stressful.

VFC audits are a stressful time - getting charts for review together

Other

Great!

Since June 2011, when we were enrolled in VFC, we have not given any vaccines. We have offered, but the parent/guardian declined.

We absolutely love the program.

Very little changes were recommended; received Gold status this year.

Had no recommendations, were compliant.

The new requirement regarding Gardasil vaccine for boys who are underinsured is requiring increased referrals to the health department.

VFC has been a good experience for me; learning about immunizations, also educating parents as well.

The biggest problem we have with any vaccine program is trying to get records from other facilities when they're here for immunizations, not in record keeping itself.

We are thinking about eliminating the program at our clinic. The problem is limitation on who can get it - it's just not worth the effort any more. Have you even timed how long it takes to exam child, do paperwork, give parents report and give child the shots? For us it is excessive.

I wish that we didn't have to cut out doing "underinsured" children at our office. We don't have that many, but this has sure helped the ones we have had in the past and they seemed to be the most appreciative of the program. However, we all have to "cut back" on things these days, so this is well understood from our office standpoint. I can't help but wish though that "all our children" in KY could qualify for the KVP, but thanks a lot for what you can do for "our children"!

I was disappointed to learn that underinsured children could not receive VFC immunizations. Vaccines are very expensive and my underinsured patients should not have to travel elsewhere for vaccinations.

This program has been taken over by new staff in our office that were not present during the last evaluation. We have tried to implement the new recommendations per our last evaluation as best to our ability with the switch in staff over the KVP in our office.

It seems like this applies to clinics. We are a hospital.

#10) Private Practices are referring fewer children to the HD for vaccines. 14) Working on cold chain protocol, have a protocol in place, but surveyor recommends the protocol be more specific. 6) Conflicted about immunization certificates being signed by designated person. I personally feel that the signature states the vaccines were provided by that HD. The vaccine data could be collected from a variety of place including the state screen. We can use the state screen to gather vaccine information, and can enter data into the screen. So why can the screen not be used as a verified record of vaccines?